

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
Date Stamp (Received)  
SEP 19 2013  
Bayfield Co. Zoning Dept.

ENTERED Permit #:  
13-0394  
Date: 11-1-13  
Amount Paid: \$75  
Refund: 9-19-13

HOW DO I FILL OUT THIS APPLICATION (visit our website [www.bayfieldcounty.org/zoning.asp](http://www.bayfieldcounty.org/zoning.asp))

TYPE OF PERMIT REQUESTED → ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: Don & Barb Heintz Mailing Address: N 3329 73rd St. City/State/Zip: Elk Mound, WI 54739 Telephone: 715 664-8931

Address of Property: 3515 Co Hwy N City/State/Zip: Barnes, WI 54873 Contractor Phone: 556-5101 Plumber Phone: 556-5101

Contractor: Richard Leebh Agent Phone: 795-3400 Agent Mailing Address (include City/State/Zip): 49405 River Rd, Barnes 54873 Written Authorization Attached ☒ Yes ☐ No

PROJECT LOCATION: Sub 1/4, NE 1/4, NW 1/4 Legal Description: (Use Tax Statement) 04-0042-45-09-33-103-000-40000 Pile: (23 digits) 04-0042-45-09-33-103-000-40000 Recorded Document: (i.e. Property Ownership) 1114 Volume 1114 Page(s) 443-444

Section 33, Township 45 N, Range 9 W Town of: Barnes Lot Size 10.3 Acreage 10.3

☒ Shoreland → ☐ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? ☐ If yes---continue → Distance Structure is from Shoreline:        feet Is Property in Floodplain Zone? ☐ Yes ☒ No Are Wetlands Present? ☐ Yes ☒ No

☐ Non-Shoreland

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$10,000	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> <u>3</u>	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Comb</u>		
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> <u>      </u>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)		
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> <u>      </u>	<input type="checkbox"/> Portable (w/service contract)		
		<input type="checkbox"/> Foundation	<input type="checkbox"/> <u>      </u>	<input type="checkbox"/> Compost Toilet		
		<input type="checkbox"/> <u>      </u>	<input type="checkbox"/> <u>      </u>	<input type="checkbox"/> None		

Existing Structure: (if permit being applied for is relevant to it) Length: 34' Width: 24' Height: 16'

Proposed Construction:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	( <u>      </u> )	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( <u>      </u> )	
	<input type="checkbox"/> with Loft	( <u>      </u> )	
	<input type="checkbox"/> with a Porch	( <u>12 x 12</u> )	144
	<input type="checkbox"/> with (2 <sup>nd</sup> ) Porch	( <u>      </u> )	
	<input type="checkbox"/> with a Deck	( <u>11 x 12</u> )	132
	<input type="checkbox"/> with (2 <sup>nd</sup> ) Deck	( <u>11 x 12</u> )	132
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> with Attached Garage	( <u>8 x 10</u> )	80
	<input type="checkbox"/> Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( <u>      </u> )	
	<input type="checkbox"/> Mobile Home (manufactured date)	( <u>      </u> )	
<input type="checkbox"/> Municipal Use	<input checked="" type="checkbox"/> Addition/Alteration (specify) <u>add 1st story</u>	( <u>50 x 34</u> )	1700
	<input type="checkbox"/> Accessory Building (specify) <u>      </u>	( <u>      </u> )	
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) <u>      </u>	( <u>      </u> )	
Rec'd for Issuance			
<input type="checkbox"/> Special Use: (explain) <u>      </u>		( <u>      </u> )	
<input type="checkbox"/> Conditional Use: (explain) <u>      </u>		( <u>      </u> )	
Secretarial Staff	<input type="checkbox"/> Other: (explain) <u>      </u>	( <u>      </u> )	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Don & Barb Heintz Date 9-17-13  
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: Richard Leebh Date 9-17-13  
(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit Mail to agent Attach Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed

Now, Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction  
North (N) on Plot Plan  
(2) Show / Indicate: (\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
(3) Show Location of (\*): All Existing Structures on your Property  
(4) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
(5) Show: (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
(6) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%  
(7) Show any (\*):

See attachments (aerial)  
& site plan

Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	1800+ Feet	Setback from the Lake (ordinary high-water mark)	300+ Feet
Setback from the Established Right-of-Way	1800+ Feet	Setback from the River, Stream, Creek	N/A Feet
		Setback from the Bank or Bluff	N/A Feet
Setback from the North Lot Line	270+ Feet		
Setback from the South Lot Line	N/A Feet	Setback from Wetland	230+ Feet
Setback from the West Lot Line	125 Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	230 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	15 Feet	Setback to Well	15 Feet
Setback to Drain Field	45 Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number: 367550	# of bedrooms: 3	Sanitary Date: 4-25-01		
Permit Denied (Date):	Reason for Denial:					
Permit #: 13-0394	Permit Date: 11-1-13					
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	Affidavit Required Affidavit Attached	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:		
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No	
Inspection Record: Mets all setbacks.	Zoning District (F-1) Lakes Classification (3)					
Date of Inspection:	Inspected by: M. Fuchs	Date of Re-Inspection:				
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached)						
Signature of Inspector: Michael Fuchs		Date of Approval: 1-13				
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input checked="" type="checkbox"/> plot plan		

HEINTZ PROPERTY

DRAIN FIELD  
63'

44'

TANK



16'

50'

WELL HEAD

11 x 12 deck

11 x 12 deck

12 x 12  
3-SEASON  
PDRCH

54' x 24'

16'

8'

10'



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
Date Stamp (Received)  
OCT 22 2013  
Bayfield Co. Zoning Dept.

Permit #: 13-0385  
Date: 11-4-13  
Amount Paid: \$100  
Refund: 10-23-13

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website [www.bayfieldcounty.org/zoning.asp](http://www.bayfieldcounty.org/zoning.asp))

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER		
Owner's Name: David S. Manion	Mailing Address: 5343 Hewantown Rd Hewantown, MN 55810	Telephone:
Address of Property: 3490 Lake Rd	City/State/Zip: Barnes, WI 54873	Cell Phone: 218 571-8898
Contractor: self	Contractor Phone:	Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (include City/State/Zip):
PROJECT LOCATION: 1/4, 1/4	Legal Description: (Use Tax Statement) Gov't Lot 3, Lot(s) 4, CSM 1054 6, 376	PIN: (23 digits) 04-004-2-44-09-25-2 05-002-80000
Section 9, Township 44 N, Range 9 W	Town of: Barnes	Recorded Document: (i.e. Property Ownership) Volume 1111 Page(s) 970
<input checked="" type="checkbox"/> Shoreland <input type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue -->	Distance Structure is from Shoreline: feet Distance Structure is from Shoreline: feet
		Is Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Value at Time of Completion * include donated time & material \$2,000	Project (what are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: _____	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists)	Specify Type: <u>Com</u>	<input type="checkbox"/> _____
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)		
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> A None		<input type="checkbox"/> Portable (w/service contract)		
<input type="checkbox"/> _____	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____		<input type="checkbox"/> Compost Toilet		
	<input type="checkbox"/> _____	<input type="checkbox"/> _____		<input type="checkbox"/> None		

Existing Structure: (if permit being applied for is relevant to it)	Length: _____	Width: _____	Height: _____
Proposed Construction:	Length: _____	Width: _____	Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)		( ) X )	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		( ) X )	
<input checked="" type="checkbox"/> Residential Use	with Loft	( ) X )	
	with a Porch	( ) X )	
	with (2 <sup>nd</sup> ) Porch	( ) X )	
	with a Deck	( ) X )	
	with (2 <sup>nd</sup> ) Deck	( ) X )	
<input type="checkbox"/> Commercial Use	with Attached Garage	( ) X )	
	Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)	( ) X )	
	Mobile Home (manufactured date)	( ) X )	
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify) _____	( ) X )	
	Accessory Building (specify) _____	( ) X )	
	Accessory Building Addition/Alteration (specify) _____	( ) X )	
Rec'd for Issuance			
NOV 04 2013			
Secretarial Staff	Special Use: (explain) _____	( ) X )	
	Conditional Use: (explain) _____	( ) X )	
	Other: (explain) <u>Stairway to lake</u>	( 4' x 60' )	240

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): David S. Manion  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 5243 Hewantown Rd, Hewantown, MN 55810

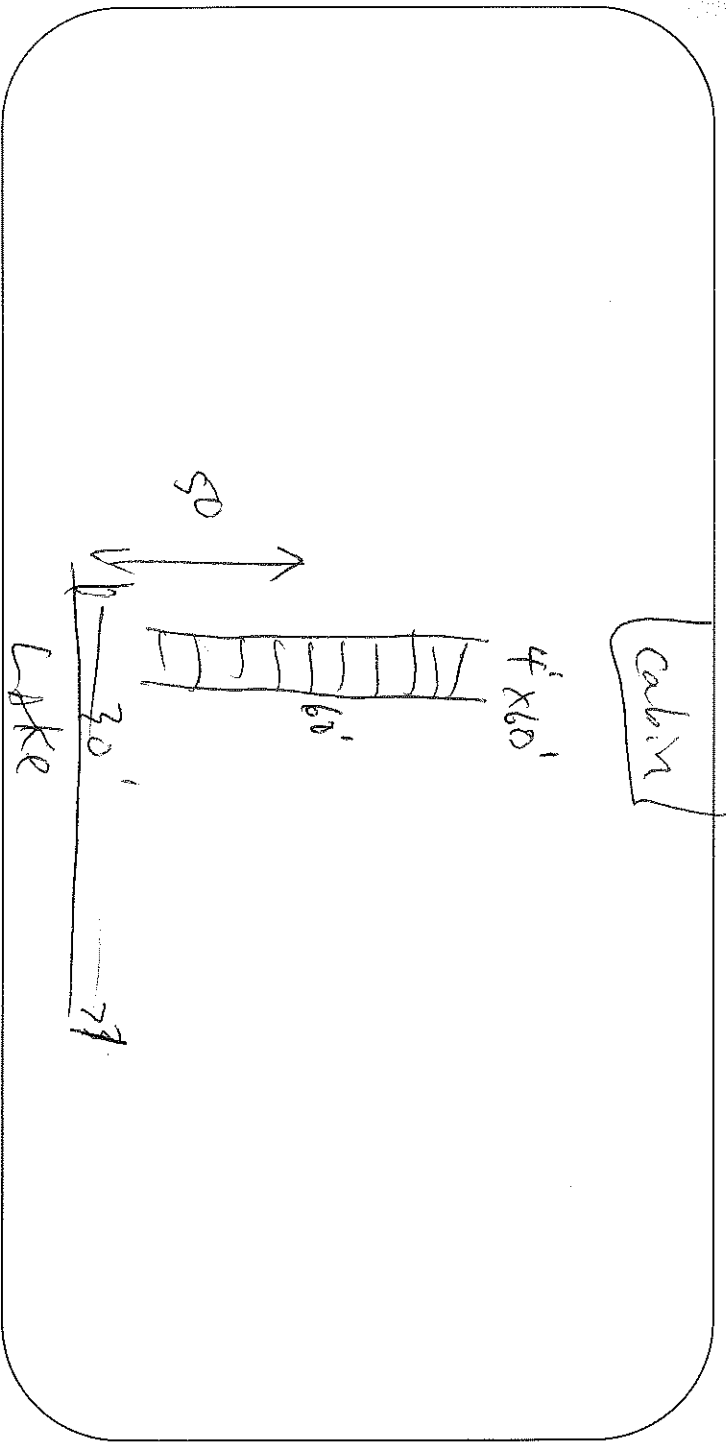
APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Attach Copy of Tax Statement ☒  
If you recently purchased the property send your Recorded Deed

Date 10/22/13

See below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show location of: **Proposed Construction**
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (\*): (\* ) Driveway and (\* ) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (\* ) Well (W); (\* ) Septic Tank (ST); (\* ) Drain Field (DF); (\* ) Holding Tank (HT) and/or (\* ) Privy (P)
- (6) Show any (\*): (\* ) Lake; (\* ) River; (\* ) Stream/Creek; or (\* ) Pond
- (7) Show any (\*): (\* ) Wetlands; or (\* ) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

- (8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	Feet		
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of bedrooms:	Sanitary Date:					
Permit Denied (Date):		Reason for Denial:							
Permit #: 13-0395		Permit Date: 11-4-13							
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is Parcel in Common Ownership		<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is Structure Non-Conforming		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No						
Granted by Variance (B.O.A.)		Case #:		Previously Granted by Variance (B.O.A.)		Case #:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
Inspection Record:									
Date of Inspection: 10-29-13		Inspected by: M. Tuttle		Zoning District (R-1)		Lakes Classification (1)		Date of Re-Inspection:	
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached)									
Signature of Inspector: Michael Tuttle		The structure shall be no more than four (4) feet wide; structures shall be inconspicuously colored; ratings are permitted only where required by safety concerns, canopies and roofs on such structures are prohibited; and landings for stairways or docks are permitted only where required by safety concerns and shall not exceed forty (40) square feet.							
Hold For Sanitary: <input type="checkbox"/> _____		Hold For TBA: <input type="checkbox"/> _____		Hold		Date of Approval: 10-30-13		<input type="checkbox"/> _____	

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

RECEIVED  
OCT 29 2013

Permit #:	13-0400
Date:	11-6-13
Amount Paid:	\$775
Refund:	11-1-13

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Bayfield County Zoning Dept.  
HOW DO I FILL OUT THIS APPLICATION (visit our website [www.bayfieldcounty.org/zoning.asp](http://www.bayfieldcounty.org/zoning.asp))

TYPE OF PERMIT REQUESTED → ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: <b>Rick Selvi</b>	Mailing Address: <b>3260 Simon Dr. Hartford WI 53027</b>	City/State/Zip:	Telephone: <b>262-673-6847</b>
Address of Property: <b>Bgs Island Lake Rd</b>	City/State/Zip: <b>Barnes WI 54873</b>	Cell Phone: <b>262-353-206</b>	
Contractor: <b>Mantener Construction</b>	Contractor Phone: <b>715-795-2220</b>	Plumber: <b>N/A</b>	Plumber Phone: <b>N/A</b>
Authorized Agent: (Person Signing Application on behalf of Owner(s)) <b>Deeny Briscoil</b>	Agent Phone: <b>715-795-2220</b>	Agent Mailing Address (include City/State/Zip): <b>S2230 Nben Rd Barnes WI 54873</b>	Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION <b>1/4, 1/4</b>	Legal Description: (Use Tax Statement) <b>Gov't Lot</b>	CSM	Vol & Page
		Lot(s) No.	Block(s) No.
Section <b>7</b> , Township <b>45</b> N, Range <b>9</b> W	Town of: <b>Barnes</b>	Subdivision: <b>Redwood's Add'to P.E.</b>	Lot Size <b>.608</b>

<input checked="" type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input type="checkbox"/> If yes—continue →	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Non-Shoreland	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage if yes—continue →	Distance Structure is from Shoreline: <b>210</b> feet		

Value at Time of Completion * include donated time & material <b>\$24,000</b>	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input type="checkbox"/>	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it)	Length: <b>22</b>	Width: <b>24</b>	Height: <b>8' 6" w/ls</b>
Proposed Construction:			<b>14' to peak</b>

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)		( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> with Loft		( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> with a Porch		( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> with (2 <sup>nd</sup> ) Porch		( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> with a Deck		( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> with (2 <sup>nd</sup> ) Deck		( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> with Attached Garage		( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> Bunkhouse w/ ( <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities)		( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> Mobile Home (manufactured date)		( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> Addition/Alteration (specify)		( <input type="checkbox"/> X <input type="checkbox"/> )	
<input checked="" type="checkbox"/> Accessory Building (specify) <b>Garage (Storage)</b>		( <b>22</b> X <b>24</b> )	<b>528</b>
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)		( <input type="checkbox"/> X <input type="checkbox"/> )	
Rec'd for Issuance			
<input type="checkbox"/> Special Use: (explain) _____		( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> Conditional Use: (explain) _____		( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> Other: (explain) _____		( <input type="checkbox"/> X <input type="checkbox"/> )	

Secretarial Staff

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): \_\_\_\_\_ Date \_\_\_\_\_  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: Deeny Briscoil \_\_\_\_\_ Date 10/21/13  
(You are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit S2230 Nben Rd Barnes WI 54873 \_\_\_\_\_  
If you recently purchased the property send your Recorded Deed

(1)	Show location of:	Proposed Construction
(2)	Show / Indicate:	North (N) on Plot Plan
(3)	Show location of (*):	(*) <u>Driveway and (*) Frontage Road</u> (Name Frontage Road)
(4)	Show:	All Existing Structures on your Property <u>4/0 - House</u> <u>31</u>
(5)	Show:	(*) <u>Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)</u>
(6)	Show any (*):	(*) <u>Lake; (*) River; (*) Stream/Creek; or (*) Pond</u>
(7)	Show any (*):	(*) <u>Wetlands; or (*) Slopes over 20%</u>



obtained  
measured to

other previously surveyed corner or marked by a licensed

one previously surveyed corner to the other previously marked by a licensed surveyor at the owner's expense.

**NOTICE:** All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

The local Town, Village, City, State or Federal agencies may also require permits.

Condition(s) Town, Committee or Board Conditions Attached? ☐ Yes ☐ No — (If No they need to be attached.)

May not be used for human habitation. No water under pressure in structure.

Signature of Inspector: *Michael Swale*

Hold For Sanitary: ☐ \_\_\_\_\_ Hold For TBA: ☐ \_\_\_\_\_ Hold For Affidavit: ☐ \_\_\_\_\_ Hold For Fees: ☐ \_\_\_\_\_ ☐ \_\_\_\_\_

Date of Approval: *11-6-13*